

EXHIBIT 4

THE LIFESTYLE MANUAL FOR THE MODERN MOM

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ANY KID IN AMERICA

A FATHER'S STORY
OF LOSING A CHILD
TO DRUGS

REAL ANSWERS
FROM STRUGGLING
TEENS ON PAGE 29.

THE LOST GENERATION

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THE LOST GENERATION

Arkansas and its children are caught in a nationwide opioid epidemic

BY DWAIN HEBDA PHOTOGRAPHY BY LILY DARRAGH



The late-morning traffic outside Matthew Barden's office traced the line of windows anchoring one whole side of his building. Car after car whizzed past this nondescript office building, one of several clustered next to the busy off-ramp.

Barden, all 6-foot-5-inches of him, coiled into a side chair, crossed one man-sized cowboy boot over his knee and glanced out the window.

"If there were three school buses a day full of kids driving off a cliff or getting into accidents because the brakes went out and we lost 144 kids, we would absolutely riot over that," he said. "If that went on every day, we as a people would sit there and light ourselves on fire to say, 'enough is enough.'"

That number—144—hangs in the air like summertime steam, the average number of people who die every single day in the U.S. of drug overdoses. It's a lynchpin number, something to prime the pump of Barden's energy, fueling the talks he gives to any group that will listen. As Arkansas's top federal drug cop, head of the district DEA office in Little Rock, he wants all the outrage he can get.

"There's no greater cause of accidental death in the United States than drug overdoses, to the tune of about 52,400 people in 2015," Barden said, his catcher's mitt-sized hands clenching and unclenching. "And here's the thing: The true story of this, I believe, is going to be much greater than the numbers show."

It's a shocking statistic, this annual body count, one that easily surpasses Americans killed in Iraq or Afghanistan, those who die every year on U.S. highways or by gun homicide, and nearly matches the Americans killed in the bloodiest 10 years of Vietnam.

Worse, drug deaths nationwide are growing: 2015's toll was up 11 percent over 2014, and 137 percent since 2000. Opioid deaths, the leading tip of this trendline, have been bounding upward for more than a decade, up 200 percent overall since 2000.

Opioids are a powerful, highly addictive class of drugs that include an array of legal-by-prescription painkillers (oxycodone, codeine, morphine, among others) and heroin, their pharmacological first cousin. Heroin is actually cheaper and easier to get than pills, though that's hard to imagine given the clip at which they're prescribed daily in America.

"One of the first patients I saw was 10 years old."

In 2015, said Barden, there were 184 million opiate prescriptions written in the U.S. totaling 12.1 billion dosage units or roughly 97 doses per American household. In Arkansas alone, 1.7 million prescriptions were written last year for about 109 million dosage units of opiates. That works out to just under 38 pills for every man, woman and child in the state.

"Last year, 2016," Barden said grimly, "was a banner year."

Dealt with on a daily basis, such numbers tend to have a numbing effect, even on addiction specialists such as Dr. Nihit Kumar, assistant professor in the UAMS Departments of Child & Adolescent and Addiction Psychiatry. He's seen so many tweens and teens in treatment that age becomes just another vital statistic.

"I've seen 12-year-olds experimenting with drugs before," he said. "One of the first patients I saw was 10 years old."

Opiates users get hooked early and fast, though they generally don't start out here. More often, they work their way up from tamer substances, egged on by peers and supplied by unsuspecting relatives.

"With teenagers in general, they start with something else, like marijuana or alcohol. Opioid is usually not the first thing they try," Kumar said. "Lots of times they'll experiment with prescription painkillers they got from their parents, grandparents or from a friend at school. It's very easily available."

The fact that many a young addict's first opiates come out of an orange prescription bottle in a relative's medicine cabinet, and not a plastic baggie scored in some back alleyway, is a psychological point in its favor.

"For teenagers especially, one of the most important reasons they use something is because of what we call

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perception of risk," Kumar said. "The less kids perceive a substance to be harmful, the more likely they're going to use it. When kids see their friends using opiates and their friends are getting high and they're having the rush they feel like, 'Oh, it's a medicine prescribed by doctors, it must not be harmful.'"

As for that high, opiates mimic endorphins, natural brain chemicals that deliver feelings of pleasure. The first high is always the best, driving addicts to try and replicate it, something known in drug circles as "chasing the dragon."

Addiction comes when the crash from these drugs becomes so severe that pills are used not to get high, but merely to get functional. This desperate cycle, the potency of today's opiates and addicts' common habit of mixing substances while impaired, keeps death by overdose well within arm's reach.

"Part of opiates' pharmacological effects on your body is decreasing the respiratory center in the brain," Kumar said. "If an addict switches to something more potent compared to what they're used to, or starts mixing substances, their brain shuts down their breathing. That's when people die."

Given the massive amount of opiates in circulation, preaching better parental oversight may seem like riding a tidal wave in a rowboat. Yet that's precisely what experts like Megan Holt, director of clinical services at Bridgeway, say is the most effective way to steer children clear of such substances.

"Kids, and especially adolescents and young adults, have a lot of tendencies to withdraw and be irritable and show poor judgment, and all of those things can be written off to age or adjusting to adulthood," she said. "If parents aren't spending much one-on-one time with them, they might not see as many of the specific symptoms until it's to a point that it's pretty dire straits and they have to get help."

Holt said most adults today grew up in an era where information on the dangers of drugs was common and easy to get. But intellectual understanding tends to take a back seat to emotion when it centers on one's child, and this denial can delay seeking help, sometimes with disastrous consequences.

"Most parents have had a sensible education about drugs but still have the attitude that it can't be happening to my kid. It shouldn't be happening to my family," Holt said. "I can say, 'Do you know what an opioid is?' and the response I usually get is, 'Well, yeah, I know that's a painkiller, but I can't believe my kid was abusing it. I taught them better than that.'"

"A lot of that also might be because of the shame and stigma that's still related to substance use disorders and all mental health conditions, to be quite frank," Holt said.

Even once those barriers are cleared, there still remains the long road of treatment. Popular media has painted a picture of rehab as a place to which addicts retreat and stay until they achieve a breakthrough that enables them to face the challenges of living. While in part that's not entirely inaccurate, it's by no means the only path to getting well.

"Some people may need to start with a medical detox and then go to rehab," said Misty Juola, director of clinical services for Rivendell Behavioral Health Services. "Some

"I've seen 12-year-olds experimenting with drugs."

People may not be that addicted, but they know they have a developing issue that they want to be more preventative about. That kind of treatment might be handled on an outpatient basis."

The need for the full-on detox, rehab and therapy that most people think of comes down to a variety of other factors. Even here, Juola said, there's no one approach that works for everyone. "All the different levels of care really work together in any type of addiction problem because the patients are all at different levels," she said. "They may move through the different levels; they may go through a higher level of care, then relapse while they're on outpatient and need to go back. All the different resources that we have intertwine and work together depending on where that particular patient is at."

Outside, traffic has picked up considerably and, bumper-to-bumper, the cars move more slowly under Barden's window, a sluggish river flow of steel and glass streaming unendingly into the neighborhood.

"I know we all fall short," he said quietly. "I know there are people out there that have used drugs and have become addicted to drugs. I reach out to them and tell them they need to raise their hand. If there's a family out there and you know that your loved one is using, they need to go and find help."

"As a society, we need to take away the stigma of this being dirty, trashy, no-self-control, shame-on-you, I can't believe that you allowed yourself to become addicted—that has absolutely nothing to do with it. It's a disease."

Barden's spent 30 years in law enforcement starting with Orlando, Florida's Miami Vice-Pablo Escobar era. It doesn't take much imagination to know he's kicked down his share of doors, looked over his share of crime scenes, called his share of victim's families. But he's never seen anything like what's currently flooding the streets and countryside of Arkansas.

"As an agency, as law enforcement as a whole, we've realized we're not going to arrest our way out of this problem," he said.

We need to collectively come together: law enforcement, habilitation, prevention, the medical community, the faith-based community, schools, education. We need to get back to where parents are parents and we tell our kids that there really are things in this world that are truly just not acceptable.

"Whatever the reason is, what all the factors are and all the people that want to point fingers, it's time to knock it off. The point is that we have to stand up. You have to say enough enough."

LISTEN TO YOUR KIDS

Quapaw House, Inc. of Hot Springs specializes in comprehensive behavioral health prevention, treatment and education services.

Teens participating in the adolescent residential services anonymously offered these snippets from their own journeys.

How old were you and what were the circumstances the first time you were introduced to the drug or alcohol?

I was 13 when I was first introduced to drugs. My cousin and I was outside and he was smoking and I was talking to him then he tried to pass it to me, I was curious so I tried it.

How did you hide your addiction from family?

I didn't go around them as much, I mostly stayed at friend's house and if I did go home I make sure I was sober or had cologne to keep the smell away.

What treatment method helped you the most?

— Rehab. I learned how to have fun without drugs. How to deal with my feelings. I learned what to do when I feel that way. I learned getting high doesn't solve anything.

— The best treatment I've ever had and have is rehab. It gives me skills and reasons on why not to use.

— The fact that you can't change with the help of them, but it has to start with you. You can get help from the 12 steps, but if you don't want to change you will end up relapsing. Rehab has also influenced me that drugs aren't worth being away from family + making them sad.

What are signs your family could have noticed if they knew what to look for?

That I ran from them a lot. Didn't come back in the few days. I did what I wanted. I showed I didn't care about them. I did a lot more than I actually do. I go to sleep early and I usually don't go to bed early. Now I smoke.

WHAT IS ONE THING YOU WANT PEOPLE TO UNDERSTAND ABOUT ADDICTION?

It's something hidden inside you, disguised as a normal part of you, but is really an enemy fighting for the victory to defeat you.